

California Department of Public Health
Licensing & Certification Program

Health Facility License Fees
ANNUAL REPORT
FY 2008-09

TABLE OF CONTENTS

LEGISLATIVE REQUIREMENTS	1
BACKGROUND	1
ESTIMATED LICENSING FEES	1
Methodology	1
Fee Calculation Adjustments	2
License Fees by Facility Type	4
STAFFING AND SYSTEMS ANALYSIS	5
Surveyors and Administrative Support Personnel	6
The Percentage of Time Devoted to L&C Activities	7
Number and Timeliness of Complaint Investigations	8
Data on Deficiencies and Citations	9
Other Applicable Activities	10
ADMINISTRATIVE CHANGES	12
ATTACHMENT A-Health Facility Licensing Chart	13

LEGISLATIVE REQUIREMENTS

The California Health and Safety Code (H&S) Section 1266(d) requires the California Department of Public Health (CDPH), Licensing and Certification Program (L&C) by February 1 of each year to:

- Publish the list of estimated fees on the program's internet website
- Prepare a report of all costs for activities of the L&C Program
- Prepare a staffing and systems analysis

BACKGROUND

Health and Safety (H&S) Code Sections 1254, 1282 and 1417 require the L&C program in CDPH to license health facilities doing business in California. CDPH's contract with the federal Centers for Medicare and Medicaid Services (CMS), as well as provisions of California's Medicaid State Plan, requires L&C to certify facilities for participation in Medicare (Title XVIII) and/or Medi-Cal (Title XIX). In conducting these activities, L&C develops and enforces state licensure standards, conducts inspections to assure compliance with federal standards for facility participation in Medicare and/or Medi-Cal, and responds to complaints against providers licensed by the Department.

The state's fiscal year (FY) 2006-07 budget amended H&S Code 1266 and transformed L&C from an indirect fee-supported program to a special fund program. Prior fee amounts that were set in statute were deleted and the law now requires that all health facility and agency fee amounts shall be set in accordance with H&S Code 1266.

ESTIMATED LICENSING FEES METHODOLOGY

H&S Code Section 1266 was amended to "right-size" the license fee calculation methodology based on the workload and cost of licensing and regulating health facilities and agencies. Only state departments, authorities, bureaus, commissions or officers are exempt from paying license fees. Statute specifies the methodology for annually recalculating license fees for all licensed health facilities as follows:

1. Identify workload activities by provider type to include, but not be limited to, federal certification and state licensing initial and periodic surveys; inspections, and complaint investigations;
2. Determine the appropriate number of activities required for each fee category annually;
3. Multiply the corresponding standard average hours per activity type based on historical data for each facility type to determine total annual hours for all fee categories;

4. Divide the annual hours for each fee category by the total annual workload hours to determine the percentage for each fee category;
5. Multiply the appropriate percentage by the total L&C program budget to determine the total cost for each facility category;
6. Subtract the appropriate amount of estimated federal funds to be received in the budget year allocated to each fee category to determine the net Special Fund cost; and,
7. Divide the net Special Fund cost for each fee category by the appropriate denominator, either the number of beds for in-patient health facilities or number of facilities for out-patient facilities, to determine the per-bed or per facility fee.

ADDITIONAL FEE CALCULATION ADJUSTMENTS

ALIGNMENT OF LICENSING FEES

As authorized by H&S 1266(g), L&C has realigned license renewal dates with the Budget Act cycle to improve efficiencies in the operational process. In order to implement this change, those licenses that had an expiration date between June 30, 2007 and October 30, 2007, were extended into November 2007. This alignment will extend into subsequent fiscal years for facilities who receive initial licensure, Change of Ownership and provisional licenses and who receive permanent licensure with effective dates between June 30 and October 31. This realignment eliminates the need to annually send adjustment notices to collect or refund fees paid prior to the passage of the budget.

CREDIT FOR INITIALS, CHANGE OF OWNERSHIP AND LATE PAYMENT PENALTIES

Section 1266 (d) (1) (E) of the H&S code was amended to state that amounts actually received for new licensure applications, including change of ownership applications, and late payment penalties, pursuant to Section 1266.5, during each fiscal year shall be calculated and 95 percent shall be applied to the appropriate fee categories in determining licensing fees for the second fiscal year following receipt of those funds. The remaining five percent shall be retained in the fund as a reserve until appropriated. The total amount received for FY 2007-08 was \$3,166,669 of which five percent or \$158,333 shall be retained in the fund as a reserve until appropriated and the balance of \$3,008,335 has been credited back to the appropriate facility type to reduce license fees paid in FY 2008-09.

JOINT COMMISSION CERTIFIED FACILITIES

The 2007 Health Trailer Bill, AB 203, Chapter 188, authorizes primary care clinics to submit verification of certification to the L&C Division of the CDPH for specified purposes. Primary care clinics may submit verification of Joint Commission (JC) certification to the L&C within the CDPH for entry into the electronic Licensing Management System for purposes of data collection and extraction for licensing and certification fee calculations. Those facilities that are JC certified were not factored into the workload calculations for clinics which resulted in a lower workload percentage and reduced licensing fees for this facility type.

GENERAL FUND SUBSIDY

Rate setting provisions governing fees for the licensure of health facilities by the CDPH are in existing law. Existing law also requires that the L&C Division of the Department be supported entirely by federal funds and special funds no later than the beginning of the FY 2009-10, unless specified by law or unless funds are appropriated from the General Fund for that purpose.

For FY 2008-09 licensing fees, a General Fund subsidy of \$2.34 million has been incorporated into the fee calculations for selected facility types as reflected in Attachment A.

DEPARTMENT OF FINANCE AUDIT

Pursuant to the FY 2007 Budget Act, the Department of Finance, Office of State Audit and Evaluations has been legislatively mandated to perform a review of the L&C Program. The audit concentrated on the methodology for calculating license fees and the newly implemented timekeeping system. Audit activities have been completed and the audit report will be issued February 1, 2008. Although the audit did not impact the development of the fees as reflected in Attachment A, it is important to note this issue since any findings may have an impact on approval of the fees through the upcoming legislative budget process.

Attachment A reflects the assumptions and calculations used to arrive at the fees summarized below.

License Fees by Facility Type			
Facility Type	Fee Category	Fee 07/08	Fee 08/09
Referral Agencies	per facility	6798.11	6216.49
Adult Day Health Centers	per facility	4383.14	5030.16
Home Health Agencies	per facility	3867.14	5260.47
Community Clinic	per facility	871.13	1349.93
Psychology Clinic	per facility	2296.58	3565.26
Rehab. Clinic	per facility	402.20	1103.60
(Non-Profit)	per facility	402.20	1103.60
Surgical Clinic	per facility	2842.08	2694.73
Chronic Dialysis Clinic	per facility	3238.98	3405.79
Pediatric Day Health/Respite Care	per bed	138.30	195.89
Alternative Birthing Centers	per facility	1710.20	2983.92
Hospice-(2 Year License)	per facility/per year	723.86	2221.40
General Acute Care Hospitals	per bed	309.07	255.46
Acute Psychiatric Hospitals	per bed	309.07	255.46
Special Hospitals	per bed	309.07	255.46
Chemical Dependency Recovery	per bed	200.29	177.49
Congregate Living Health Facility	per bed	250.77	292.20
Skilled Nursing	per bed	250.77	292.20
Intermediate Care Facility (ICF)	per bed	250.77	292.20
ICF - Developmentally Disabled	per bed	469.81	1307.72
ICF - Developmentally Disabled - DDH & DDN	per bed	469.81	1307.72
Correctional Treatment Centers	per bed	806.53	832.67

Notes:

The workload used to calculate the fees was based on a "zero based" analysis of all federal survey workload and quantifies the number of evaluator positions needed to do 100% of the federal, state and complaint workload.

The total annual hours of work in each facility type creating a percentage of overall workload per facility was calculated as follows:

- The number of surveys required for each facility type annually was multiplied by the corresponding standard average hours to conduct a survey in each facility type.
- The same calculations were done for each activity including citations, complaints, and appeals as appropriate for each facility type. *(Note: The numbers as well as the standard time associated with each activity were based on historical data)*

STAFFING AND SYSTEMS ANALYSIS

H&S Code Section 1266(d)(2) requires L&C to complete a staffing systems analysis to ensure (a) efficient and effective utilization of fees collected; and (b) proper allocation of departmental resources to licensing and certification activities, survey schedules, complaint investigations, enforcement actions and appeals, data collection and dissemination, surveyor training, and policy development.

The following five charts depict information from FY 2006-07 which represents the last full FY for which CDHS has data. The data reflects actual work completed with positions filled during that time period. The purpose of displaying this information is to show the efficient and effective utilization of the fees that were collected in FY 2006-07.

Surveyors and Administrative Support Personnel

Health and Safety Code Section 1266(d)(2)(B)(i)

FY 2006-07

	17 Field Offices		L.A. County Contract		Professional Certification Branch		Headquarters		Total	
	Pos	%	Pos	%	Pos	%	Pos	%	Pos	%
Surveyors	410	63.17	95	58.82	3	4.84			508	47.19
Managers/Supervisor & Support Staff	195	30.05	61.5	38.08	59	95.16			315.5	29.31
Consultants	44	6.78	5	3.10					49	4.55
Field Overhead							88	43.14	88	8.17
Division Overhead							116	56.86	116	10.78
Total	649	100%	161.5	100%	62	100%	204	100%	1071.5	100.00
Positions	810.5				62		204		1076.5	
Percent	75.29%				5.76%		18.95%		100.00%	
	<ul style="list-style-type: none">• Evaluate and report on services and conditions in facilities• Cite deficiencies and issue penalties• Approve plans of correction• Issue, deny, or revoke licenses• Control performance of other public agencies' survey staff				<ul style="list-style-type: none">• Certification of Certified Nurse Assistants (CNAs), Home Health Aides (HHAs) and Certified Hemodialysis Technicians (CHTs)• Health Professions Consultation• Nursing Home Administrator Program• Data Collection and Reporting• Investigations		<ul style="list-style-type: none">• Budgeting, Accounting, and Personnel• Training• Time Reporting• Data Collection• Policy Development and Interpretation• Regulations Preparation• Legislative, analysis of proposed legislation• Procurement• Information Technology Support• Communication, Ongoing liaison and advocacy with industry and other public agencies			

As of 6/30/2006

The Percentage of Time Devoted to L&C Activities for all Licensed Health Facilities

Health and Safety Code Section 1266(d)(2)(B)(ii)

FY 2006/07

FACILITY TYPE	HOURS	
	NUMBER	PERCENT
Referral Agencies	24	0.00%
Adult Day Health Centers	1,437	0.21%
Home Health Agencies	33,234	4.93%
Community and Free Clinics	3,255	0.48%
Psychology Clinic	6	0.00%
Rehabilitation Clinic	655	0.10%
Surgical Clinic	1,416	0.21%
Chronic Dialysis Clinic	6,875	1.02%
Pediatric Day Health or Respite Care	15	0.00%
Alternate Birthing Center	-	0.00%
Hospice	5,066	0.75%
General Acute Care Hospital	40,983	6.08%
Acute Psychiatric Hospital	5,302	0.79%
Chemical Dependency Recovery Hospital	8	0.00%
Congregate Living Health Facility	457	0.07%
Correctional Treatment Center	3,094	0.46%
Intermediate Care Facilities	6,795	1.01%
Intermediate Care Facilities DD	18,967	2.81%
Intermediate Care Facilities DD Habilitative	48,563	7.20%
Intermediate Care Facilities DD Nursing	17,506	2.60%
Skilled Nursing Facilities	480,902	71.29%
TOTALS	674,557	100%

Number and Timeliness of Complaint Investigations

Health & Safety Code Section 1266(d)(2)(B)(iv)

FY 2006-07

Complaints Received

	# Received	%	I&S	%	Not I&S	%
Long-Term Care	6139	67.0	449	7.3	5690	92.7
Non Long-Term Care	3017	33.0	94	3.1	2923	96.9
Total	9156	100.0	543	5.7	8613	94.1

Timeliness of Initiating Complaint Investigations

I&S and Not I&S

	# I&S Received	# I&S Late Initiating	%	# Not I&S Received	# Not I&S Late Initiating	%
Long-Term Care	449	9	2.0	5690	1946	34.2
Non Long-Term Care	94	14	14.9	2923	1382	45.4
Total	543	23	4.2	8613	3328	38.64

NOTES:

1. "I&S" means immediate and serious.
2. Source of data is from ACTS. Report ran on November 19, 2007
3. Source of data is from ACTS. Report ran on November 19, 2007
4. An I&S complaint is defined in H&S Code Section 1420 (a) (1) as follows: The complaint involves a threat of imminent danger of death or serious bodily harm and requires Licensing and Certification (L&C) to make an onsite inspection or investigation within 24 hours of the receipt of the complaint.
5. Not I&S complaint is defined in H&S Code Section 1420 (a) (1) as follows: A complaint NOT I&S does not involve a threat of imminent danger of death or serious bodily harm and requires L&C to make an onsite inspection or investigation within 10 working days of the receipt of the complaint.

Data on Deficiencies and Citations
Health & Safety Code Section 1266(d)(2)(B)(v)

FY 2006-07

FACILITY TYPE	CITATIONS ISSUED						NO. OF
	AA	A	B	1ST B	WMF	WMO	DEFICIENCIES
Skilled Nursing Facility	20	109	484	0	0	0	1049
Intermediate Care Facility (ICF)	1	1	5	0	0	0	18
ICF/Developmentally Disabled (ICF/DD)	1	1	20	0	0	0	31
ICF/DD-Habilitative (ICF/DDH)	1	7	72	0	0	0	128
ICF/DD-Nursing (ICF/DD-N)	0	3	16	0	0	0	23
Congregate Living Health Facility	0	0	0	0	0	0	0
TOTALS	23	121	597	0	0	0	1249

TOTAL NUMBER OF CITATIONS ISSUED - 549

1. The relationship of deficiencies to citations issued is that a deficiency is a citation without a monetary penalty. A citation results when a survey or complaint investigation identifies a "deficiency" that can seriously affect the health or safety of a patient.
2. "AA" means meet the definition of a Class "A" violation and was a direct proximate cause of patient death.
3. "A" means Immediate danger of death
4. "B" means immediate relationship to patient health, safety, or security can include emotional and financial elements.
5. "WMF" means willful material falsification.
6. "WMO" means willful material omission.
7. Only Long-Term Care Facilities included and excludes complaints and deficiencies issued under federal requirements. The total of federal survey deficiencies to support federal civil money penalty decisions is 23,416.

Citation Appeals Statewide

RESOLUTION TYPE	No.	%
Citation Review Conferences	125	55.8%
Administrative Law Judge	44	19.6%
Court Appeals	46	20.5%
Arbitration	9	4.0%
Total	224	100.0%

Other Applicable Activities
Health & Safety Code Section 1266(d)(2)B)(vi)

Surveyor Training Provided in FY 2006-07

Description/Course Name	Training Date	Total Number Trained
New Surveyor Orientation Academy (2 weeks)	10/07/2006	21
New Surveyor Orientation Academy (3 Weeks)	11/13/2006	44
New Surveyor Orientation Academy (3 Weeks)	01/08/2007	33
New Surveyor Orientation Academy (3 Weeks)	03/19/2007	33
New Surveyor Orientation Academy (2 weeks)	05/18/2007	25
Clinical Academy	06/15/2007	56
Complaints – New Process Hands-on Training	11/27/2006	26
Complaints – New Process Hands-on Training	11/29/2006	30
CMS ICF/MR Advanced/Focused Course	09/05/2006	1
CMS Basic Long Term Care	03/26/2007	12
CMS Basic End Stage Renal Disease (ESRD) Course	02/20/2007	20
CMS Basic Home Health Agency (HHA) Course	01/08/2007	41
CMS Basic Hospital Course	02/07/2007	16
Supervisor Academy	06/15/2007	109
CMS Basic Long Term Care	12/15/2006	13
CMS Basic ICF/MR Course	05/18/2007	47
Principles of Documentation In-service	05/31/2007	30
Complaints – District Office In-Service (no travel)	01/16/2007	27
Complaints – District Office In-Service (no travel)	02/13/2007	30
Complaints – District Office In-Service (no travel)	03/05/2007	27
Complaints – District Office In-Service (no travel)	05/31/2007	30
Complaints – District Office In-Service (no travel)	01/10/2007	25
VIDEO CMS: Surveying Activities Requirements for Nursing Homes	07/18/2006	5
VIDEO CMS: Surveying Activities Requirements for Nursing Homes	07/25/2006	5
VIDEO CMS: Activities Requirements	09/05/2006	26
VIDEO CMS: Psychosocial Outcome Severity Guide	07/10/2006	30
VIDEO CMS: Psychosocial Outcome Severity Guide	07/17/2006	9
VIDEO CMS: Psychosocial Outcome Severity Guide	07/17/2006	21
VIDEO CMS: Psychosocial Outcome Severity Guide	07/18/2006	8
VIDEO CMS: Psychosocial Outcome Severity Guide	07/18/2006	5
VIDEO CMS: Psychosocial Outcome Severity Guide	07/20/2006	18

VIDEO CMS: Psychosocial Outcome Severity Guide	07/24/2006	5
VIDEO CMS: Psychosocial Outcome Severity Guide	07/25/2006	13
Complaints - 2006 Revised Process Overview	08/27/2006	25
Complaints - 2006 Revised Process Overview	09/27/2006	39
Complaints - 2006 Revised Process Overview	09/28/2006	13
Complaints - 2006 Revised Process Overview	09/28/2006	30
Complaints - 2006 Revised Process Overview	09/28/2006	13
Complaints - 2006 Revised Process Overview	09/28/2006	19
Complaints - 2006 Revised Process Overview	09/28/2006	15
Complaints - 2006 Revised Process Overview	10/02/2006	12
Complaints - 2006 Revised Process Overview	10/02/2006	21
Complaints - 2006 Revised Process Overview	10/03/2006	28
Complaints - 2006 Revised Process Overview	10/11/2006	30
Pharmacy: Interpretive Guideline/Regulation Changes 2007	01/16/2007	22
Pharmacy: Interpretive Guideline/Regulation Changes 2007	01/16/2007	22
Pharmacy: Interpretive Guideline/Regulation Changes 2007	02/26/2007	40
Pharmacy: Interpretive Guideline/Regulation Changes 2007	02/26/2007	23
Pharmacy: Interpretive Guideline/Regulation Changes 2007	02/26/2007	22
Pharmacy: Interpretive Guideline/Regulation Changes 2007	03/01/2007	10
Pharmacy: Interpretive Guideline/Regulation Changes 2007	03/05/2007	15
Pharmacy: Interpretive Guideline/Regulation Changes 2007	03/05/2007	36
Pharmacy: Interpretive Guideline/Regulation Changes 2007	03/05/2007	9
Pharmacy: Interpretive Guideline/Regulation Changes 2007	03/12/2007	28
Pharmacy: Interpretive Guideline/Regulation Changes 2007	03/12/2007	27
Pharmacy: Interpretive Guideline/Regulation Changes 2007	03/27/2007	22
Rehab Nuts and Bolts	04/30/2007	20
Rehab Nuts and Bolts	05/03/2007	23
Rehab Nuts and Bolts	05/07/2007	27
Rehab Nuts and Bolts	06/05/2007	28
GPRA Survey Process	03/06/2007	34
Vacuum Assisted Wound Closure for Decubitus Ulcer Care	06/19/2007	21
CMS Basic Long Term Care	12/15/2006	13
CMS Basic ICF/MR Course	05/18/2007	47
CMS ICF/MR Advanced/Focused Course	09/05/2006	1
CMS Basic Long Term Care	03/26/2007	12
CMS Basic End Stage Renal Disease (ESRD) Course	02/20/2007	20
CMS Basic Home Health Agency (HHA) Course	01/08/2007	41
CMS Basic Hospital Course	02/07/2007	16

Administrative Changes to Support the Change to A Special Funded Program and Comply With the New Fee Methodology

Surveyor Workload Timekeeping system – The Surveyor Workload Timekeeping system was implemented in FY 2006-07 to allow each surveyor to document their daily activities. The time entered into the system is tracked by facility type, survey category and administrative activities. An enhancement was initiated in October 2007 to include additional data validation and further automate some of the manual processes to increase data accuracy and reconciliation as well as reduce headquarter staff workload.

ELMS - Electronic Licensing Management System is the State health facilities licensing management system. Since its implementation in February 2005, L&C has enhanced this web-based automated system to include the civil money penalty citation and centralizing the licensing fees collection functions.

In FY 2006-07, L&C was mandated to right-size the licensing fees for all health facility types in order to become a fee supported program. The ELMS enhancement was initiated in March 2006 and completed in June 2006; this system enhancement extended ELMS' functions to provide L&C's new Fee Development and Revenue Collection Unit with the following capabilities:

1. Centralize the initiation and distribution of license renewal notices.
2. Centralize the collection of license fees.
3. Automate the daily upload of the account receivable and payment information to the Department's accounting system, CalSTARS.
4. Calculate late payment fees when the facility fails to submit the license payment on-time.
5. Reports on such as: Outstanding Renewal Notice Receivables; Account Receivables Aging Report; and Daily Payment Report.

Attachment A
CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
LICENSING AND CERTIFICATION PROGRAM -- PROPOSED LICENSING FEES FOR FY 2008-09

			LTC Fac Only	All Fac																						Proposed Fees for Non State Operated Annual Report January 10, 2008
			8,864,000	293,000	9,157,000	1,803,000	(176,000)	(411,000)	479,000	(515,000)	(837,000)	431,000	(106,000)	774,000	1,068,000	2,340,000			2008-2009							
Activity	FY 08-09 Total Baseline	Workload %	HQ-01	HQ-05	Total 08/09 BCP Costs	Employee Comp	Retirement	Pro Rata	Price Increase	One Time Only	Limited Term	SB 739 (HA's)	Dept. of Technology Rate Adjustment	Total 08/09 Budget Adj. Costs	08/09 Special Fund Loan Repayment (Final Pymt)	MINUS FINAL Credit From CHOW, CHON, CHOL	TOTAL PROGRAM COST	2.34M GF	TOTAL PROGRAM COST	NON-STATE		STATE OPERATED				
																				Facilities	Beds	Facilities	Beds			
Referral Agencies	60,699	0.0722%		212	212	\$1,302.60	-127	-297	346	-372	-605	311	-77	483	772	0	62,165		62,165	10				\$ 6,216.49		
Adult Day Health Centers	1,785,523	2.1252%		6,227	6,227	\$38,317.22	-3,740	-8,735	10,180	-10,945	-17,788	9,160	-2,253	14,196	22,697	68,087	1,760,556		1,760,556	350				\$ 5,030.16		
Home Health Agencies	6,291,213	7.4880%		21,940	21,940	\$135,009.06	-13,179	-30,776	35,868	-38,563	-62,675	32,273	-7,937	50,020	79,972	239,113	6,204,032	491,166	5,712,866	1,086				\$ 5,260.47		
Community Clinic	1,961,526	2.3347%		6,841	6,841	\$42,094.23	-4,109	-9,596	11,183	-12,024	-19,541	10,062	-2,475	15,596	24,934	7,405	2,001,491	636,714	1,364,777	1,011				\$ 1,349.93		
Psychology Clinic	88,980	0.1059%		310	310	\$1,909.50	-186	-435	507	-545	-886	456	-112	707	1,131	57	91,072	12,636	78,436	22				\$ 3,565.26		
Rehab. Clinic	139,559	0.1661%		487	487	\$2,994.93	-292	-683	796	-855	-1,390	716	-176	1,110	1,774	565	142,364	-	142,364	129				\$ 1,103.60		
Rehab. Non-Profit	0	0.0000%		0	0	\$0.00	0	0	0	0	0	0	0	0	0	0	0	-	0					\$ -		
Surgical Clinic	2,055,755	2.4468%		7,169	7,169	\$44,116.39	-4,306	-10,056	11,720	-12,601	-20,480	10,546	-2,594	16,345	26,132	31,402	2,074,000	171,522	1,902,478	706				\$ 2,694.73		
Chronic Dialysis Clinic	1,675,169	1.9938%		5,842	5,842	\$35,949.03	-3,509	-8,195	9,551	-10,268	-16,688	8,593	-2,113	13,319	21,294	26,728	1,688,896	151,866	1,537,030	448		3		\$ 3,405.79		
Pediatric Day Health/Respite Care	36,059	0.0429%	9,104	126	9,230	\$773.82	-76	-176	206	-221	-359	185	-45	287	458	0	46,033		46,033		235			\$ 195.89		
Alternative Birthing Centers	14,568	0.0173%		51	51	\$312.62	-31	-71	83	-89	-145	75	-18	116	185	0	14,920		14,920	5				\$ 2,983.92		
Hospice	805,719	0.9590%		2,810	2,810	\$17,291	-1,688	-3,941	4,594	-4,939	-8,027	4,133	-1,017	6,406	10,242	2,731	822,446	133,380	689,066	309		1		\$ 2,221.40		
General Acute Care Hospitals	19,864,601	23.6436%																			71,805		590	\$ 255.46		
Acute Psychiatric Hospitals			69,276	69,276	\$426,293	-41,613	-97,175	113,253	-121,764	-197,897	101,904	-25,062	157,939	252,513	300,200	20,044,129		20,044,129			4,208		1,860	\$ 255.46		
District Hospitals Less Than 100 Beds																								\$ 255.46		
Special Hospitals																									\$ 255.46	
Chemical Dependency Recovery	72,960	0.0868%		254	254	\$1,566	-153	-357	416	-447	-727	374	-92	580	927	0	74,722		74,722		421			\$ 177.49		
Congregate Living Health Facility Skilled Nursing	34,206,049	40.7132%	6,334,060	119,290	6,453,349	\$734,060	-71,655	-167,331	195,016	-209,673	-340,770	175,474	-43,156	271,964	434,817	2,271,790	39,094,390		39,094,390		365			\$ 292.20		
Intermediate Care Facility (ICF)																					124,592		2,620	\$ 292.20		
ICF - Developmentally Disabled ICF-DDH ICF -DDN	14,356,970	17.0882%	2,520,837	50,068	2,570,905	\$308,100	-30,075	-70,232	81,852	-88,004	-143,028	73,650	-18,113	114,149	182,502	60,257	17,164,269	742,716	16,421,553		1,039		5,177	\$ 292.20		
																					997		4,150	1,307.72		
Correctional Treatment Centers	601,649	0.7161%		2,098	2,098	\$12,911	-1,260	-2,943	3,430	-3,688	-5,994	3,086	-759	4,784	7,648	0	616,179		616,179		196		544	\$ 832.67		
	84,017,000	1.0000	8,864,000	293,000	9,157,000	1,803,000	-176,000	-411,000	479,000	-515,000	-837,000	431,000	-106,000	668,000	1,068,000	3,008,335	91,901,665	2,340,000	89,561,665							